

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 552985

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6	(1)			2		
7	1		1			
8		1		1		
9		1		1		
10	3		3			
11	3		3			
12	(1)		(1)			
13	(1)	(1)	(1)	(1)		
14	(1)		(1)			
15	(1)	(1)	(1)	(1)		
16	(1)		3			
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		24	←		←
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						